Washington School for the Deaf

611 GRAND BLVD • VANCOUVER, WA 98661P. 360-696-6525 • WSD.WA.GOV

STUDENT ACCOUNT DEPOSIT FORM

Student Name:	(Please Print)	Date:
Amount: \$	– Payment Method: (Please	□ Cash □ Check □ Money Order e make checks payable "WSD")
Purpose for Funds: ☐ Meals	□ Student Personal Account (Reside	ential Only) — 🗆 Other:
Parent or Guardian Signature: _		Date:
BUSINESS OFFICE USE ONLY		
Amount Received: \$		Receipt #:
Received By:		_ Date: